PTO/88/06 (06-03)

U.S. Petent and Tredemerk Office; U.S. DEPARTMENT OF COMMERCIAE

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Application of Doctor Number. CLAIMS AS FILED - PART I OTHER THAN ØR (Column 1) **SMALL ENTITY** (Column 2) **SMALL ENTITY** FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE (37 OFR 1.16(a)) 38 1900 OR TOTAL CLAIMS x 150 (37 CFR 1.16(c)) minue 20 = OR INDEPENDENT CLAIMS アゼ (37 CFR 1.16(b)) minus 3 -OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Minus ENDM (2) C/R 1.16(c) OR Independent profit 1.16(a)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(1)) OR OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ω REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-**JENT** AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus NON (37 CFR 1.16(c) OR Independent Minus ũ X 1 ΩR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENDMENT **AFTER** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1,16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.